

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00504530		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> </div>		
Full Name of Payee <b>Third Dimension Strategies, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 14524 Cantrell Road Suite 140			Amount 17500.00		
City State Zip Code Litte Rock AR 72223		Transaction ID : 001 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014			
Purpose of Expenditure Telephone advertising		Category/ Type 004			
Name of Federal Candidate Bruce Poliquin			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate		
Office Sought: <input checked="" type="checkbox"/> House District: 02 State: ME					
Calendar Year-To-Date Per Election for Office Sought 35000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Third Dimension Strategies, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 14524 Cantrell Road Suite 140			Amount 8750.00		
City State Zip Code Litte Rock AR 72223		Transaction ID : 002 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014			
Purpose of Expenditure Telephone advertising		Category/ Type 004			
Name of Federal Candidate Emily Cain			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate		
Office Sought: <input checked="" type="checkbox"/> House District: 02 State: ME					
Calendar Year-To-Date Per Election for Office Sought 35000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26250.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Caleb Crosby</i>			Date MM / DD / YYYY 11 / 03 / 2014		

[Electronically Filed]

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NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00504530	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Third Dimension Strategies, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2014</b>	
Mailing Address <b>14524 Cantrell Road</b> <b>Suite 140</b>		Amount <b>8750.00</b>	
City <b>Litte Rock</b>	State <b>AR</b>	Zip Code <b>72223</b>	Transaction ID : <b>003</b>
Purpose of Expenditure <b>Telephone advertising</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Blaine Richardson</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>ME</b>	
Calendar Year-To-Date Per Election for Office Sought <b>35000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>8750.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>35000.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caleb Crosby

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 03 / 2014**

Signature